

ISSUE SLIP ~~SM~~ FILE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C-G		08-17-01
O.I.P.E. CLASSIFIER		4/3	8/24/01
FORMALITY REVIEW	and	670	9-25-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	11-12-02
2	✓	✓	2-2-03
3	✓	✓	12-14-03
4	✓	✓	12-14-03
5	✓	✓	12-14-03
6	✓	✓	12-14-03
7	✓	✓	12-14-03
8	✓	✓	12-14-03
9	✓	✓	12-14-03
10	✓	✓	12-14-03
11	✓	✓	12-14-03
12	✓	✓	12-14-03
13	✓	✓	12-14-03
14	✓	✓	12-14-03
15	✓	✓	12-14-03
16	✓	✓	12-14-03
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25	✓	✓	12-14-03
26	✓	✓	12-14-03
27	✓	✓	12-14-03
28	✓	✓	12-14-03
29	✓	✓	12-14-03
30	✓	✓	12-14-03
31	✓	✓	12-14-03
32	✓	✓	12-14-03
33	✓	✓	12-14-03
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36	✓	✓	12-14-03
37	✓	✓	12-14-03
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39	✓	✓	12-14-03
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41	✓	✓	12-14-03
42	✓	✓	12-14-03
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44	✓	✓	12-14-03
45	✓	✓	12-14-03
46	✓	✓	12-14-03
47	✓	✓	12-14-03
48	✓	✓	12-14-03
49	✓	✓	12-14-03
50	✓	✓	12-14-03

Claim	Final	Original	Date
51	✓	✓	11-12-02
52	✓	✓	2-2-03
53	✓	✓	12-14-03
54	✓	✓	12-14-03
55	✓	✓	12-14-03
56	✓	✓	12-14-03
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82	✓	✓	12-14-03
83	✓	✓	12-14-03
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98	✓	✓	12-14-03
99	✓	✓	12-14-03
100	✓	✓	12-14-03

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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901
 9/26/01